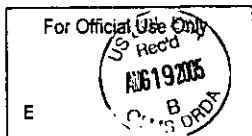


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12076</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RICHARD B. THOMAS</u> P.O. Box, Bldg., Room No., if any _____ Street <u>143 NORTH FRONT STREET</u> City <u>MILTON</u> State <u>PA</u> ZIP Code + 4 <u>17847-1203</u>	4. Name, file number, and address of labor organization. Name <u>UNITED FOOD & COMMERCIAL WORKERS - LOCAL 38</u> Labor Organization File Number <u>018729</u> P.O. Box, Building and Room Number, if any _____ Street <u>143 N. 3TH FRONT STREET</u> City <u>MILTON</u> State <u>PA</u> ZIP Code + 4 <u>17847-1203</u>
5. Position in labor organization. <u>FINANCIAL SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name CON AGRA FOODS

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 30 MARR STREET

City MILTON

State PA ZIP Code + 4 17847

7.a. Nature of Interest, Transaction, or Income.

MEAL SUPPLIED BY COMPANY
MARCH 24, 2004

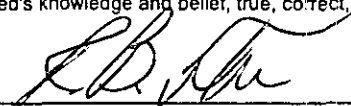
7.b. Amount.

30.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/8/05

Date

570-742-9609

Telephone Number

Name of Person Filing

RICHARD B THOMAS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with.

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

WENDY CHERICI

Trade Name, if any:

SPEAR WILDERMAN & ASSOCIATES

P.O. Box, Bldg., Room No., if any

SUITE 400

Street

230 SOUTH BROAD STREET

City

PHILADELPHIA

State

PA

ZIP Code + 4

19102

14.a. Nature of payment.

MEAL PAID FOR: DISCUSSING ONGOING
LOCAL ISSUES.

AUGUST 4, 2004

13.b. Is the Business an Employer ☐or Consultant ☒

?

14.b. Amount of payment.

17.22